## MULTIPLE DEPENDENT CLAIM FEE CALCULAT FEE CALCULATION SHEET (FOR USE WITH FOR STO-875) **V** SHEET

10/522532 APPLICANT(S)

FILING DATE

## CLAIMS

| 1  |             | AS FILED   |  | AFTER        |  | AFTER 2 MANIENDMENT |  |         | AS FILED   |  | AFTER        |  | AFTER        |              |
|--|-------------|--|--|--------------|--|---------------------|--|---------|--|--|--------------|--|--------------|--------------|
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| 30   |             |  |  |              |  |                     | <u> </u>   |         | <b>!</b>   | <u> </u>   | <b></b>      | <u> </u>   | <b>!</b>     | -            |
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| CLAIMS I INCOMONAL IN THE CLAIMS I INCOME INCOME INCOME.   |             | 1-   | 186  |              |  | <b>2</b>            |  | TOTAL   | •  |  |              |  | 1            | 3            |